POSITION INITIALS ID NO. DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

7/43)
3/20/00

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed		Interference
_	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

Claim Date	Claim Date	Claim Date
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Final	Original Original
	51	101
2	52	102
3	53	103
4	54	104
, 5	55	105
7	56	106
8 0	57	107
9	58	108
10	59	109
11/0	60	110
12	62	111
/ 13	63	112
14	64	113
15	65	114
. 16	66	115
17	67	116
(18)	68	118
(19)	69	
20	70	119
21	71	120
22	72	121
23	73	122
24	74	124
25	75	125
26	76	126
27	77	127
28	78	128
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31	81	131
32	82	132
33	83	133
34	84	134
35	85	135
36	86	136
37 38	87	137
	88	138
	89	139
1	90	140
41 0	91	141
	92	142
(43)	93	143
44 1 1 1 45	94	144
	95	145
46	96	146
48	97	147
49	98	148 BEST AVAILABLE CODY
50	99	148 BEST AVALABLE COPY
	100	150

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)